## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10690023

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			<i>J</i> .					RATE	FEE		RATE	FEE
FC	PR		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGEA	BLE CLAIMS	/8 minus 20= * /					X\$ 9=		OR	X\$18=	
INE	EPENDENT CI	_AIMS	/ minus 3 = *					X43=		OR	X86=	
ΜL	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=		OR	+290=	- 1
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2		TOTAL	345	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTIT					
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u> </u>	= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR.	+290=	
								TOTAL ADDIT. FEE		OB.	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							ADDIT. PEE			ADDITITEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	٠.	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>		X43=	· · · · ·	OR	X86=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM [		┚╽	+145=	. :	OR	+290=	
. `								TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE	
		(Column 1)	(Column 2)			) . (Column 3)				.*	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER. DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent				= :	$  \  $	X43=		OR	X86=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.						<b>♪</b>	+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		 	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA** RATE **FEE** RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR \$ TOTAL CLAIMS minus 20 = (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS minus 3 = OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = = # If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR (Column 1) **SMALL ENTITY** (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **NUMBER** PRESENT RATE TIONAL ENDMENT RATE TIONAL AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total OR Minus (37 CFR 1.16(e)) Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE TIONAL** RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR Total OR Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT, FEE (Column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL ENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR Total (37 CFR 1.16(c)) OR \*\* Minus = OR Independent AME Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.